

## BRINGING THE STAGE TO LIFE NASHVILLE PARTICIPANT APPLICATION

PERSONAL INFORMATION: NAME:	GENDER: ☐ MALE ☐ FEMALE							
ADDRESS:	<del>_</del>							
CITY:								
HOME PHONE NUMBER: ()								
EMAIL ADDRESS:								
WEBSITE ADDRESS:								
FACEBOOK ADDRESS:								
	☐ DEAF-BLIND ☐ CODA (Child of a Deaf Adult)							
■ WODA (Wife of Deaf Adult) ■ HODA (F								
PLEASE LIST ANY DISABILITY SERVICES YOU MAY REQUIRE: (i.e.								
ARE YOU A U.S. CITIZEN? YES NO IF NO, YOU	COUNTRY OF BIRTH:							
T-Shirt Size:	☐ X-Large ☐ XX-Large ☐ Other:							
SIGN LANGUAGE EXPERIENCE:								
ASL SKILL LEVEL: NATIVE FLUENT HIGHLY SKILLI	ED ☐ SKILLED ☐ PROGRESSING							
■ NEED A LOT OF PRACTICE	■ BARELY SURVIVING							
EXPERIENCE: PROFESSIONAL INTERPRETER (4+ years of	professional interpreting) How many years?							
■ NEW INTERPRETER (0-4 years of professio	nal interpreting)							
ADVANCED STUDENT (Presently in or enter	ering Practicum / Internship)							
NATIONAL CERTIFICATIONS: (List)	/ NAD: EIPA:							
STATE CERTIFICATIONS: (List) STATE: LEVEL:								
INTERPRETING SKILLS: I AM COMFORTABLE USING: ASL or	·							
ADDITIONAL LANGUAGES: please check all languages that apply and rate your competency level								
Spoken: Beginner Average Fluent Interpreter: S								
Spanish								
	LSM							
French 1 2 3 4 5 Yes No	LSM							
French								

PRESENT EM	IPLOYMENT:					Pg. 2		
Name of Company:		Briefly describe type of work performed:						
PRESENT VO	LUNTEER POSITIONS:							
Name of Company:		Briefly describe type of work performed:						
EDUCATION:	:							
	Name and Location:	Name and Location:		Course Taken:		Year Graduated:		
High School:				T -				
College:			Major:	Degree:				
College:			Major:	Degree:				
College:			Major:	Degree:				
Other:								
MEDICAL:								
Our desire is the worksho should medic	to ensure that you are well c p, but will be kept on file in cal attention becomes necessa personnel as needed.	case of	an emergency or in	order to make p	oreparations for you	ur unique care		
DO YOU HAV	'E ANY KNOWN ALLERGIES?	· 🗖	YES NO					
[Medicine	e, Food, Insect (Bee / Wasp), Anin	nal (Dog	/ Cat), etc]					
	SE LIST: If additional space is no							
2	□™	reat w/	Benadryl Have E	piPen Seek N	Medical Attention	Life Threatening		
3	🗖 Т	reat w/	Benadryl Have E	piPen Seek N	Medical Attention	Life Threatening		
of an injury w This will al be able to info	are not required to list chronic move would appreciate being information to the workshop staff to ormany and all medical personal	ned of a be as so that s	ny serious medical cono prepared as possib special attention can be	ditions and/or infe le to provide a	ectious diseases /disor ny and all care ne	ders when on site.		
iviajoi iviedica	l Conditions:							

Should you attend the BSL Nashville workshop, we request that you keep a list of all chronic medical conditions as well as a list of all prescription medications presently being taken on your person at all times.